

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

10/567527

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		.					53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.	3	↓		↓		↓							
TOTAL DEP.	7	←		←		←		↓		↓		↓	
TOTAL CLAIMS	10							←		←		←	

BEST AVAILABLE COPY